



Oklahoma State Department of Health

Protective Health Services

Consumer Health Service

Mail: PO Box 268815

Oklahoma City, OK 73126-8815

Phone: (405) 426-8250

Email: CHSLicensing@health.ok.gov

BODY PIERCING & TATTOO ESTABLISHMENT LICENSE APPLICATION

Please mail application and fee to the address above. Make check or money order payable to OSDH.

Do not mail cash.

Application Type: (Select All that apply)		Body Piercing Establishment <input type="checkbox"/>	Tattoo Establishment <input type="checkbox"/>
Initial <input type="checkbox"/>	Event <input type="checkbox"/>	Renewal <input type="checkbox"/>	Change of Information <input type="checkbox"/>
Body Piercing: Fee: \$ 500.00 Affix fee to license. Body Piercing: Fee: \$500.00 Affix fee to license. Tattoo: Fee: \$1000.00 Affix fee to license. 30+ days after expiration requires a late fee Application must include: Affidavit of Residency: <input type="checkbox"/> Article of Incorporation (if applicable): <input type="checkbox"/>	Body Piercing /Tattoo: Purpose: (Select One) Product Demonstration: <input type="checkbox"/> Industry Trade Show: <input type="checkbox"/> Educational: <input type="checkbox"/> Fee: \$500.00 Affix fee to license. Application must include: Affidavit of Residency: <input type="checkbox"/> Article of Incorporation (if applicable): <input type="checkbox"/>	Body Piercing: License #: _____ Fee: \$ 250.00 Affix fee to license. Tattoo: License #: _____ Fee: \$500.00 Affix fee to license. 30+ days after expiration requires a late fee	Body Piercing: No Fee Tattoo: No Fee Complete the application and submit verification of changes. You may email the change of information application to CHSLicensing@health.ok.gov

ESTABLISHMENT INFORMATION:

Establishment Name: _____ County: _____

DBA: _____

Physical Address: _____
Address City State Zip

Mailing Address: _____
Address City State Zip

Establishment Ph. #: _____ Email: _____

*Note: Email is the primary method of communication for licensing. Initial and renewal licenses will be emailed to licensee to the email address on file.

OWNER INFORMATION:

Type: ☐ Individual ☐ Corporate **Name:** _____

Mailing Address: _____
Address City State Zip

Owner Phone#: _____ **Email:** _____

The undersigned hereby makes application for license to operate a Body Piercing and/or Tattoo establishment subject to the provisions of the Oklahoma Statutes and to the regulations adopted thereunder by the Oklahoma State Department of Health. By my signature below, I attest that the foregoing is true and correct to the best of my knowledge and belief.

Title or Position: _____

Signature: _____ **Date:** _____

(Please retain copies of the completed application and all documents submitted for your records.)